



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Luigi Pascucci
Title: LINE SELECTOR FOR A MATRIX OF MEMORY ELEMENTS
Serial Number: 10/616,414
Filing Date: July 8, 2003
Examiner/Unit: Hoai V. Ho / 2818
Attorney Docket No.: 2110-78-3

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 2nd day of February, 2005.



Signature

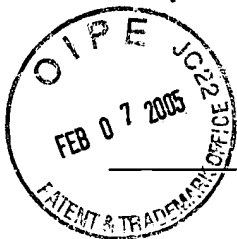
TRANSMITTAL LETTER

Transmitted herewith is:

A response/amendment in the above-identified application.

____ The fee has been calculated as shown below:

XX No additional claim fee is required.



Computation of Fee
For Claims as Amended

	Claims Remaining After <u>Amendment</u>	Highest Number Previously <u>Paid for</u>	Present <u>Extra</u>	<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	Minus 37	= 0	x	<u>\$50/\$25</u> =	\$-0-
Independent Claims	Minus 6	= 0	x	<u>\$200/\$100</u> =	\$-0-
Total additional fee for this amendment					\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

_____ Check No. _____ in the amount of \$ _____ for the additional claim
fee is enclosed.

XX A Request for Extension of Time for two months is enclosed with Check No.
23471 for \$450.

_____ Charge \$ _____ to Deposit Account No. _____. A copy of this
sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit
Account No. 07-1897.

Respectfully Submitted,

GRAYBEAL JACKSON HALEY LLP



Bryan A. Santarelli
Attorney for Applicant
Registration No. 37,560
155 - 108th Ave. NE, Suite 350
Bellevue, WA 98004-5973
(425) 455-5575